

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship
5 are as stated below next to my name.

I believe I am the original, first and sole
inventor (if only one name is listed below) or an
original, first and joint inventor (if plural names are
listed below) of the subject matter which is claimed
10 and for which a patent is sought on the invention
entitled "SWITCH-VARIABLE OPTICAL ATTENUATOR AND SWITCH
ARRAYS", the specification of which is attached hereto
and is identified by Attorney's Docket No. CORE-73.

I hereby state that I have reviewed and understand
15 the contents of the above-identified specification,
including the claims.

I acknowledge the duty to disclose information
which is material to the examination of this
application in accordance with Title 37, Code of
20 Federal Regulations, Section 1.56(a).

I hereby appoint Pandiscio & Pandiscio, a firm
composed of Nicholas A. Pandiscio, Registration No.
17293, Mark J. Pandiscio, Registration No. 30883, Scott

CORE-73

R. Foster, Registration No. 20570, and James A.

Sheridan, Registration No. 43114 or any of them, of 470

Totten Pond Road, Waltham, Massachusetts 02451-1914,

(Telephone No. 781-290-0060), my attorneys with full

5 power of substitution and revocation, to prosecute this
application and to transact all business in the Patent
Office connected therewith.

I hereby declare that all statements made herein
of my own knowledge are true and that all statements
10 made on information and belief are believed to be true;
and further that these statements were made with the
knowledge that willful false statements and the like so
made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States
15 Code and that such willful false statements may
jeopardize the validity of the application or any
patent issued thereon.

Inventor's signature: _____

Inventor's full name: Nayef M. Abu-Ageel

Date: _____

5 Residence: 45K Rolling Green Drive

Fall River, MA 02720

Post office address: same

Citizenship: _____

10

ALS/CORE73.AP6